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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Studer, *et al.*

Confirmation No.:

Serial No.: 10/532,908

Art Unit:

Filed: April 27, 2005

Examiner:

For: INTERVERTEBRAL DISK
PROSTHESIS OR
ARTIFICIAL VERTEBRA

Attorney Docket No: 8932-1175-999

TRANSMITTAL OF REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attorneys for Applicants submit herewith a Revocation and Power of Attorney for the above-identified application, executed by an authorized agent of the Assignee, Mathys Medizinaltechnik AG, on September 23, 2005. It is respectfully requested that this form be entered into the file of the captioned matter.

No fee is believed to be required with the transmittal of the Revocation and Power of Attorney. However, should a fee be required, the Commissioner is authorized to charge any such fee to Jones Day Deposit Account No. 50-3013.

Respectfully submitted,

Date: September 27, 2005

Brian M. Rothery

JONES DAY

222 East 41st Street

New York, New York 10017

(212) 326-3939

35,340

(Reg. No.)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Studer, et al. Confirmation No.:
Serial No.: 10/532,908 Art Unit:
Filed: April 27, 2005 Examiner:
For: INTERVERTEBRAL DISK PROSTHESIS Attorney Docket No.: 8932-1175-999
OR ARTIFICIAL VERTEBRA

REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Mathys Medizinaltechnik AG (applicant or assignee) hereby revokes any and all previous powers and appoints:

☒ Practitioners at Customer Number 51832

as his/her/its/their attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence address for the above-identified application to:

☒ The above mentioned Customer Number.

☒ Firm or Individual Name:

Address: Jones Day, 222 East 41st Street, New York, New York 10017
Telephone: (212) 901-9028

I am the:

- ☐ Applicant/Inventor
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
(Statement under 37 CFR 3.73(b) is applicable)

SIGNATURE of Applicant or Assignee of Record			
Date:	X 9/23/05	Signature:	X Robert M. Rauker
		Typed Name:	Robert M. Rauker
		Position/Title:	Authorized Agent

Statement Under 37 C.F.R. 3.73(b)

Mathys Medizinaltechnik AG states that it is:
☒ the assignee of the entire right, title, and interest; or
☐ an assignee of less than the entire right, title and interest.

The ext (by, percentage) of its ownership interest is %

in the patent application/patent identified above by virtue of either:

- ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office on 05/19/2005 at Reel 016259 , Frame 0407, or for which a copy thereof is attached.

OR

- ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: To:
The document was recorded in the United States Patent and Trademark Office on
at Reel , Frame , or for which a copy thereof is attached.

2. From: To:
The document was recorded in the United States Patent and Trademark Office on
at Reel , Frame , or for which a copy thereof is attached.

3. From: To:
The document was recorded in the United States Patent and Trademark Office on
at Reel , Frame , or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.
[Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

ASSIGNEE: Mathys Medizinaltechnik AG

Date: x 9/23/05 Signature: x Robert M. Rauker
Typed Name: Robert M. Rauker
Position/Title: Authorized Agent

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☒ Total of 2 forms are submitted.

[illegible]

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Elizabeth K. Goshay, Notary Public
Uwchlan Twp., Chester County
My Commission Expires June 2, 2009
Member, Pennsylvania Association of Notaries